LETTER TO HOUSEHOLDS: NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

Student's Name:	School:	Date:	
IMPORTANT: YOU MUST	Γ ANSWER THIS LE	ETTER	
Dear	:		
If you do not reply to this letter, you letter requires that you send inform		receive free or reduced price meals. This l's name) by (date).	
Your child's Meal Benefit Form re review to make sure only eligible s		ice meals has been selected as part of a ced price meal benefits.	
· · · · · · · · · · · · · · · · · · ·	f each adult household men	tamps or TANF for your child or (2) the aber on the enclosed sheet and papers that	
	d or to show your househol	that you may use to prove that you now get ld's income. If possible, do not send origin to you only if you ask.	
If you do not send information that benefits by (the date above), these	_	le to receive free or reduced price meal ed.	
If you have any questions or if you (phone number). If you do not hear change.		(name) at or reduced price meals will continue without	out
Thank you for cooperating in this r	natter.		
Sincerely,			
The U.S. Department of Agriculture (US color, national origin, gender, age, or dis	- •	Il its programs and activities on the basis of race, who require alternative means for	

communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.